

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>1098590</u>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP			
1	1		1				51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11	1		1				61		
12							62		
13							63		
14							64		
15							65		
16		15		15			66		
17		15		15			67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
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32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		2				TOTAL IND.		
TOTAL DEP.	43		43				TOTAL DEP.		
TOTAL CLAIMS	45		45				TOTAL CLAIMS		